

FORMOSAN SUBTERRANEAN TERMITE INSPECTION REPORT

Approved by the Louisiana Department of Agriculture and Forestry

THIS REPORT IS MADE IN ACCORDANCE WITH AND SUBJECT TO THE CONDITIONS ON PAGE 2 OR THE REVERSE SIDE OF THIS PAGE. A qualified inspector has inspected all accessible areas of the Federal Emergency Management Agency Temporary Housing Unit, ("this trailer"), listed below for Formosan Subterranean Termites, ("Formosan termites").

WARNING: This report is made based on visible evidence obtained from an inspection of readily accessible areas. This report specifically excludes any representation as to the absence of or presence of Formosan termites and damage in hidden or inaccessible areas of this trailer. This company makes no warranty, guarantee, or representation as to the absence of infestation or damage in hidden or inaccessible areas or as to future infestation. If there is any evidence of Formosan termites in this trailer, it must be assumed that there is damage to this trailer.

1. DATE OF INSPECTION:		REINSPECTION REQUIRED - YES <input type="checkbox"/> NO <input type="checkbox"/>	
2A. NAME OF INSPECTION COMPANY		2C. TELEPHONE NUMBER (Include Area Code)	
2B. ADDRESS OF INSPECTION COMPANY (Include Street, City, State and Zip Code)		3. PEST CONTROL OPERATOR LICENSE NUMBER	
4. ADDRESS OF PROPERTY INSPECTED (Include Street, City, State and Zip Code)		FEMA Barcode and/or VIN #	

FINDINGS

5. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THIS TRAILER ON THE DATE INSPECTED	
<input type="checkbox"/> A. No visible evidence of FORMOSAN TERMITES was observed.	
<input type="checkbox"/> B. Re-Inspection after treatment: Live Formosan Termites observed _____ No _____ Yes	
<input type="checkbox"/> C. Visible evidence of FORMOSAN TERMITES was observed. Evidence found and has been observed in the following area(s) _____ _____	
<input type="checkbox"/> D. Treatment was or will be performed by the company <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, type and date _____ _____	
6. ADDITIONAL COMMENTS (If additional space is required, continue on reverse)	
7. STATEMENT OF QUALIFIED INSPECTOR	
A. <i>This is not a structural damage report.</i>	
B. Neither the company nor I have had, presently have, or contemplate having any interest in this Trailer. I further state that neither the company nor I is associated in any way with any party owning, occupying, or moving this trailer.	
8. SIGNATURE AND NUMBER OF INSPECTOR	9. DATE

THIS FORM CONSTITUTES SPECIAL PERMISSION BY THE COMMISSIONER OF AGRICULTURE AND FORESTRY TO MOVE THIS TRAILER OUTSIDE THE HURRICANE'S KATRINA - RJTA FORMOSAN QUARANTINE AREAS WITHIN SEVEN (7) DAYS AFTER THE INSPECTION DATE IF BOX 5A OR 5B AND NO LIVE TERMITES IS MARKED AND THIS FORM IS SIGNED BY THE INSPECTOR. A COPY OF THE INSPECTION REPORT SHALL ACCOMPANY THE TRAILER WHILE IN TRANSIT IN LOUISIANA. UPON EXPIRATION OF THE SEVEN (7) DAY PERIOD THE TRAILER SHALL NOT BE MOVED OUT OF THE QUARANTINE AREAS UNLESS A SUBSEQUENT INSPECTION IS CONDUCTED, A NEW FORMOSAN TERMITE INSPECTION REPORT IS ISSUED, AND MOVEMENT IS WITHIN SEVEN (7) DAYS OF THE SUBSEQUENT INSPECTION.